IOWA PRECURSOR SUBSTANCES PERMIT APPLICATION

1. TYPE OF PERMIT:2. APPLICATION FOR:PERMIT PERIOD:IOWA PERMIT NUMBE.	☐ RECIPIENT		VENDOR	□ BOTH
PERMIT PERIOD:	☐ NEW			
			RENEWAL	CHANGE
		Effective Date	<u> </u>	(please specity)
IOWA PERMIT NUMBE	_			777 T 777 T 777 T 100 00
	R:			PERMIT FEE: \$180.00
ALL APPLICANTS ARE TO PLACE OF BUSINESS AS A				AMOUNT REMITTED: \$ Make checks payable to:
Name				lowa Board of Pharmacy (DO NOT SEND CASH)
Address				<u></u>
City,State,Zip				
Iowa County				
4. PHONE _()		Е	-MAIL ADDRESS:	
·				_
5. IF BUSINESS, type of busine	ess			
6. Type of ownership:	☐ Individual	☐ Partnershi	p Corporation	Other(please specify)
J. P. C. C. P.				(please specify)
SUBSTANCE		SELL		
			/RECEIVE DE	ESCRIBE USE OF PRODUCT
			/RECEIVE DE	ESCRIBE USE OF PRODUCT
			/RECEIVE DE	ESCRIBE USE OF PRODUCT
			/RECEIVE DE	ESCRIBE USE OF PRODUCT
			ditional sheets if necessary)	ESCRIBE USE OF PRODUCT
INCOMPLETE APPL	LICATIONS WII	(Attach ade	ditional sheets if necessary)	BE RETURNED TO THE APPLICANT.
REMIT TO: IOWA BOARD 400 S.W. EIGI DES MOINES	O OF PHARMACY HTH STREET, S 5, IA 50309-4688	// (Attach add	ditional sheets if necessary)	BE RETURNED TO THE APPLICANT. Information provided on this application may be disclosed pursuant to 657 lowa
REMIT TO: IOWA BOARD 400 S.W. EIGI	O OF PHARMACY HTH STREET, S 5, IA 50309-4688	(Attach add	ditional sheets if necessary)	BE RETURNED TO THE APPLICANT. Information provided on this application may be disclosed
REMIT TO: IOWA BOARD 400 S.W. EIGI DES MOINES PHONE: 515/	O OF PHARMACY HTH STREET, S 5, IA 50309-4688 /281-5944 FA er penalty of failure to prov	(Attach add	ditional sheets if necessary) CCEPTED AND WILL 09 the information proving and truthful informat	BE RETURNED TO THE APPLICANT. Information provided on this application may be disclosed pursuant to 657 lowa
REMIT TO: IOWA BOARD 400 S.W. EIGH DES MOINES PHONE: 515/ I hereby swear unde I understand that revocation, or other 8. SIGN	O OF PHARMACY HTH STREET, S 5, IA 50309-4688 /281-5944 FA er penalty of failure to prov	(Attach add	ditional sheets if necessary) CCEPTED AND WILL 09 the information proving and truthful informat	BE RETURNED TO THE APPLICANT. Information provided on this application may be disclosed pursuant to 657 lowa Administrative Code Chapter 14. ded in this application is true and correct
REMIT TO: IOWA BOARD 400 S.W. EIGH DES MOINES PHONE: 515/ I hereby swear unde I understand that revocation, or other	O OF PHARMACY HTH STREET, S 5, IA 50309-4688 /281-5944 FA er penalty of failure to prov	(Attach add	ditional sheets if necessary) CCEPTED AND WILL OP the information provious and truthful information are gainst my permit.	BE RETURNED TO THE APPLICANT. Information provided on this application may be disclosed pursuant to 657 lowa Administrative Code Chapter 14. ded in this application is true and correct

Print or Type Name and Title of Individual Signed Above

^{*} AUTHORIZED SIGNATURE -- Only the signature of the applicant (if individual), a partner, or the Chief Executive Officer of a corporation will be accepted on this application.